

UNITED STATES DISTRICT COURT
SOUTHERN DISTRICT OF NEW YORK

LLEWELLYN ANGELO WILLIAMS

22 CLINTON STREET

NEW ROCHELLE NEW YORK 10801

(In the space above enter the full name(s) of the plaintiff(s).)

-against-

THE CITY OF NEW ROCHELLE

515 NORTH AVENUE NEW ROCHELLE NEW YORK 10801

THE CITY OF NEW ROCHELLE POLICE DEPARTMENT, et. al.

515 NORTH AVENUE NEW ROCHELLE NEW YORK 10801

(In the space above enter the full name(s) of the defendant(s). If you cannot fit the names of all of the defendants in the space provided, please write "see attached" in the space above and attach an additional sheet of paper with the full list of names. The names listed in the above caption must be identical to those contained in Part I. Addresses should not be included here.)

AMENDED
COMPLAINT

Jury Trial: ☐ Yes ☒ No
(check one)

13 CV 3315 (NSR)

AMENDED SUMMONS
ISSUED

I. Parties in this complaint:

- A. List your name, address and telephone number. If you are presently in custody, include your identification number and the name and address of your current place of confinement. Do the same for any additional plaintiffs named. Attach additional sheets of paper as necessary.

Plaintiff Name Llewellyn Angelo Williams
Street Address 22 Clinton Avenue
County, City Westchester County New Rochelle
State & Zip Code New York 10801
Telephone Number 914-563-6799

- B. List all defendants. You should state the full name of the defendant, even if that defendant is a government agency, an organization, a corporation, or an individual. Include the address where each defendant may be served. Make sure that the defendant(s) listed below are identical to those contained in the above caption. Attach additional sheets of paper as necessary.

Defendant No. 1 Name The City of New Rochelle & The City of New Rochelle Police Department
Street Address 515 North Avenue

County, City Westchester County New RochelleState & Zip Code New York 10801Telephone Number 914-654-2300

Defendant No. 2

Name Sergeant Daniel ConcaStreet Address 515 North AvenueCounty, City Westchester County New RochelleState & Zip Code New York 10801Telephone Number 914-654-2300

Defendant No. 3

Name Sergeant John InzeoStreet Address 515 North AvenueCounty, City Westchester County New RochelleState & Zip Code New York 10801Telephone Number 914-654-2300

Defendant No. 4

Name Sergeant WilsonStreet Address 515 North AvenueCounty, City Westchester County New RochelleState & Zip Code New York 10801Telephone Number 914-654-2300**II. Basis for Jurisdiction:**

Federal courts are courts of limited jurisdiction. Only two types of cases can be heard in federal court: cases involving a federal question and cases involving diversity of citizenship of the parties. Under 28 U.S.C. § 1331, a case involving the United States Constitution or federal laws or treaties is a federal question case. Under 28 U.S.C. § 1332, a case in which a citizen of one state sues a citizen of another state and the amount in damages is more than \$75,000 is a diversity of citizenship case.

A. What is the basis for federal court jurisdiction? *(check all that apply)*☒ Federal Questions☐ Diversity of CitizenshipB. If the basis for jurisdiction is Federal Question, what federal Constitutional, statutory or treaty right is at issue? Federal Civil Rights Violations ; Racial Discrimination ; Violations of Rights GuaranteedUnder the Ninth and Fourteenth Amendments of the United States Constitution ; Unfair Trade Practices

C. If the basis for jurisdiction is Diversity of Citizenship, what is the state of citizenship of each party?

Plaintiff(s) state(s) of citizenship _____

Defendant(s) state(s) of citizenship _____

III. Statement of Claim:

State as briefly as possible the facts of your case. Describe how each of the defendants named in the caption of this complaint is involved in this action, along with the dates and locations of all relevant events.

You may wish to include further details such as the names of other persons involved in the events giving rise to your claims. Do not cite any cases or statutes. If you intend to allege a number of related claims, number and set forth each claim in a separate paragraph. Attach additional sheets of paper as necessary.

A. Where did the events giving rise to your claim(s) occur? City of New Rochelle, County
Westchester, State of New York

B. What date and approximate time did the events giving rise to your claim(s) occur? 2008- 2013

C. Facts: I respectfully submit that as a result of the conduct of members of The New Rochelle Police Department towards me, my constitutional rights under the U.S. Constitution and my civil rights as an American citizen have been violated. I am an African-American business owner who has been repeatedly intimidated and harassed by that department, and I have been restrained and have been prevented from being a productive member of the business community. I submit that the New Rochelle Police Department has violated my Ninth and Fourteenth Amendment Rights. As a result of their conduct, and through no fault of my own, I have become a disenfranchised member of the business dynamic. A competitor in my line of business, who has been awarded a contract with the City of New Rochelle, is entitled to be paid \$110.00 for 'booting' an illegally parked vehicle, and an additional \$26.00 for placing a sticker on that vehicle, whereas I am paid \$45.00 for 'booting' an illegally parked vehicle, and I am not entitled to any payment for placing a sticker on a vehicle. Also, the awarding of contracts by the City was not advertised, and despite working there for years, I was never made aware of the time and place for the awarding of contracts. Furthermore, the City of New Rochelle has recently enacted laws (specifically Municipal Code 316) that severely curtail my ability to continue to work at my profession, and which laws, I submit, were specifically directed at me. Members of The New Rochelle Police Department have threatened me with arrest in situations where I have legally 'booted' vehicles, and I have been intimidated into removing the boots and derogatory statements have been used against me based upon my race. I went to the City Manager's Office a number of ((See Addendum Page))

What
happened
to you?

Who did
what?

Was anyone
else
involved?

Who else
saw what
happened?

IV. Injuries:

If you sustained injuries related to the events alleged above, describe them and state what medical treatment, if any, you required and received.

((Addendum to Section 3 – Part C.))

...times during the past five (5) years in an effort to find out when the city contracts for “booting” and towing were being awarded. I was told the City would advise me when this would take place, but in fact I was never notified; furthermore, the same company that has held said contract for approximately the past thirty-five (35) years, was again awarded said contract.

V. Relief:

State what you want the Court to do for you and the amount of monetary compensation, if any, you are seeking, and the basis for such compensation. _____

I am seeking compensation due to the continued harassment against me and my company by The New Rochelle Police Department, resulting in my inability to work at my business. The New Rochelle Police Department has caused me to lose contracts, because the department has convinced business and property owners in New Rochelle to cease doing business with me and my company. I have always been engaged in lawful business practices and I submit that I am the victim of racial discrimination and unfair competitive practices. Myself and my reputation have been irreparably damaged, as has my ability to earn a living. I am seeking compensation/relief in the amount of twenty million dollars (\$20,000,000.00).

I declare under penalty of perjury that the foregoing is true and correct.

Signed this 12 day of August, 2013.

Signature of Plaintiff

Neurthya Angelo William

Mailing Address

22 Clinton Avenue
New Rochelle New York 10801

Telephone Number

914-563-6799

Fax Number (if you have one)

Note: All plaintiffs named in the caption of the complaint must date and sign the complaint. Prisoners must also provide their inmate numbers, present place of confinement, and address.

For Prisoners:

I declare under penalty of perjury that on this _____ day of _____, 20____, I am delivering this complaint to prison authorities to be mailed to the *Pro Se* Office of the United States District Court for the Southern District of New York.

Signature of Plaintiff: _____

Inmate Number _____